

CA3004W 440
84 L53

URBAN/MUNICIPAL

Hamilton Wentworth
Social Services Department
Services for the Elderly
LODGING HOME MANUAL

July 84

D.L.D. Associates

73/75



SECTION	SUBJECT	PAGE
CONTROL PAGES	TITLE PAGE	1 of 1
		YY MM DD
		84 06 30

DEPARTMENT: Social Services
DIVISION: Services for the Elderly

TITLE: OPERATIONAL MANUAL
CONTRACT
LODGING HOMES

Hamilton-Wentworth Library
GOVERNMENT DOCUMENTS
1984

Commissioner: Wm. McMillin Carson
Director of Services for the Elderly: Mr. Peter Papp
Supervisor of Lodging Homes Unit: Mr. Carmen Salciccioli

DOCUMENT NO. 0180S

DATE OF ORIGIN: JUNE 1984

MANUAL NO. 73



SECTION CONTROL PAGES	SUBJECT FINDING INFORMATION IN YOUR MANUAL	PAGE 1 of 1		
		YY	MM	DD
		84	06	30

SOURCE

CROSS REFERENCE

FINDING INFORMATION:

Turn to the alphabetical Subject Index.
Look up the desired subject.
Turn to the page indicated.

NUMBERING SYSTEM:

This manual uses a four part numbering system combining TITLE, TAB, SECTION & SUBJECT NUMBER. Numbers appear in the top right hand corner.

Eg.	Subject	Location
01	General Information	LH 01-02-03

LH - indicates alpha prefix or name of the manual
01 - indicates tab number
02 - indicates the section number within the tab
03 - indicates the subject number within the section

TABS:

TABS are the Major Division of a Manual.
This manual has 7 TABS.

SECTIONS:

SECTIONS are divisions within each TAB.

SUBJECTS:

SUBJECTS are divisions within a SECTION.



SECTION	SUBJECT	PAGE		
		1	of	3
CONTROL PAGES	TABLE OF CONTENTS	YY 84	MM 06	DD 30
SOURCE	CROSS REFERENCE			

01 GENERAL INFORMATION

LH-01-01

Introduction
Enabling Legislation
Authority For Licensing
G.W.A. Regulations Re: Lodging Homes

LH-01-01-01
LH-01-01-02
LH-01-01-03
LH-01-01-04

02 OPERATIONAL STANDARDS & GUIDELINES

LH-02-01

- Policy
- Licence (LH01)
- Resident File (LH02)
- Income Records (LH03)
- O.H.I.P. Records (LH04)
- Admissions (LH05)
- Discharges (LH06)
- Serious Incidents (LH07)
- Lodging Home Access (LH08)
- Laundry (LH09)
- Home Capacity (LH10)
- Visiting of Resident (LH11)
- Rules of Each Home (LH12)
- Security & Safety (LH13)

LH-02-02
LH-02-01
LH-02-01
LH-02-01
LH-02-02
LH-02-02
LH-02-02
LH-02-03
LH-02-03
LH-02-04
LH-02-04
LH-02-04
LH-02-04
LH-02-05

03 SPECIAL ASSISTANCE & SUPPLEMENTARY AID

LH-03-01

- Policy
- Surgical/Medical Supplies
- Transportation
- Funerals & Burials
- Dental Services
- Dentures
- Prescription Glasses
- Prosthetic Appliances
- Drug Cards

LH-03-01-01
LH-03-01-01
LH-03-01-01
LH-03-01-02
LH-03-01-02
LH-03-01-02
LH-03-01-03
LH-03-01-03
LH-03-01-03

04 FINANCIAL

LH-04-01

- Subsidy Policy
- Absence Allowance

LH-04-01-01
LH-04-01-01



SECTION	SUBJECT	PAGE		
CONTROL PAGES	TABLE OF CONTENTS	2 of 3		
		YY	MM	DD
		84	06	30
SOURCE	CROSS REFERENCE			

- Payment for Admission & Departure Day	LH-04-01-01
- Billing Process	LH-04-01-02
- Attendance Register	LH-04-01-02
- Lodging Home Billing Forms	LH-04-01-02
- Trusteeship	LH-04-01-03
- Personal Needs Allowance	LH-04-01-04

05 PROCEDURES

Resident Documentation

LH-05-01

- Initial Applications	LH-05-01-01
- Form 1	LH-05-01-02
- Present Condition Report	LH-05-01-03
- O.H.I.P	LH-05-01-04
- Progress Notes (Residents' Files)	LH-05-01-05
- Lodging Home Referral Form	LH-05-01-06
- Provincial Medical Form 4	LH-05-01-07
- Special Needs Requisition	LH-05-01-08
- Case Transfer Summary	LH-05-01-09
- Provincial Budget Work Sheet	LH-05-01-10
- Family Benefits Referral Form	LH-05-01-11
- Parental Support Referral	LH-05-01-12
- Form 14 - Mental Health Act	LH-05-01-13
- Computer Change Request	LH-05-01-14

Lodging Home Billing Forms


LH-05-02

- Resident Attendance Register	LH-05-02-01
- Lodging Home Care Billing Forms	LH-05-02-02

Subsidy Contract

LH-05-03

- Policy	LH-05-03-01
- Issuance of New Subsidy Contracts	LH-05-03-01
- Transfer of Existing Contracts	LH-05-03-02
- Termination of Subsidy Contract	LH-05-03-02
- Waiting List for Subsidy Contract	LH-05-03-03



Digitized by the Internet Archive
in 2024 with funding from
Hamilton Public Library



SECTION	SUBJECT	PAGE		
CONTROL PAGES	TABLE OF CONTENTS	3	of	3
		YY	MM	DD
		84	06	30
SOURCE	CROSS REFERENCE			

Lodging Home Files

LH-05-04

- C.A.P. Form	LH-05-04-01
- Contract File	LH-05-04-01
- Billing File	LH-05-04-01
- Lodging Home Information Sheet	LH-05-04-02
- Unit Service Record	LH-05-04-02
- Resident Files	LH-05-04-03
- Monthly Operation Reports	LH-05-04-04

06 CONTACT LIST

LH-06-01-01

07 SAMPLE DOCUMENTS

Summary of Forms	LH-07-01-01
------------------	-------------



SECTION	SUBJECT	PAGE		
		1	of	3
CONTROL PAGES	SUBJECT INDEX	YY	MM	DD
		84	06	30

A	Absence Allowance	LH-04-01-01
	Admission (LH05)	LH-02-01-02
	Attendance Register	LH-04-01-01
	Authority for Licensing	LH-01-01-03
B	Billing File	LH-05-04-01
	Billing Process	LH-04-01-02
	Burials & Funerals	LH-03-01-02
C	C.A.P. Form	LH-05-04-01
	Case Transfer Summary	LH-05-01-09
	Computer Change Request	LH-05-01-14
	Contract File	LH-05-04-01
	Contract Dentures	LH-05-03-01
D	Dentures	LH-03-01-02
	Dental Services	LH-03-01-02
	Discharges (LH06)	LH-02-01-02
	Drug Cards	LH-03-01-03
E	Enabling Legislation	LH-01-01-03
F	Family Benefits Referral Form	LH-05-01-11
	Form 1	LH-05-01-02
	Form 14 - Mental Health Act	LH-05-01-13
	Funerals & Burials	LH-03-01-02
G	G.W.A. Regulations - Re: Lodging Homes	LH-01-01-04
	Guideline Policy	LH-02-01-01
H	Home Capacity (LH10)	LH-02-01-04
I	Income Records (LH03)	LH-02-01-04
	Initial Applications	LH-05-01-01
	Issuance of New Subsidy Contracts	LH-05-03-01
	Introduction to Lodging Home Unit	LH-01-01-01



SECTION	SUBJECT	PAGE		
		2	of	3
		YY	MM	DD
CONTROL PAGES	SUBJECT INDEX	84	06	30

L	Laundry (LH09)	LH-02-01-04
	Licence (LH01)	LH-02-01-01
	Lodging Home Access (LH08)	LH-02-01-03
	Lodging Home Billing Forms	LH-04-01-02
	Lodging Home Care Billing Forms	LH-05-02-02
	Lodging Home G.W.A. Regulations	LH-01-01-04
	Lodging Home Information Sheet	LH-05-04-02
	Lodging Home Referral Form	LH-05-01-07
M	Medical/Surgical Supplies	LH-03-01-01
	Mental Health Act (Form 14)	LH-05-01-13
	Monthly Operational Reports	LH-05-04-04
O	O.H.I.P.	LH-05-01-04
	O.H.I.P. Records (LH04)	LH-02-01-02
P	Parental Support Referral	LH-05-01-12
	Payment for Admission & Departure Day	LH-04-01-01
	Personal Needs Allowance	LH-04-01-04
	Policy - Operational Standards & Guidelines	LH-02-01-02
	Policy - Special Assistance & Supplementary Aid	LH-03-01-01
	Present Condition Report	LH-05-01-03
	Prescription Glasses	LH-03-01-03
	Progress Notes (Resident's Files)	LH-05-01-05
	Prothetic Appliances	LH-03-01-03
	Provincial Budget Work Sheet	LH-05-01-10
	Provincial Medical Form 4	LH-05-01-07
R	Residents' Attendance Register	LH-05-02-01
	Residents' File & Income Record	LH-02-01-01
	Residents' Files - Lodging Home	LH-05-04-03
	Residents' Files - Operational Standards & Guidelines (LH01)	LH-02-01-01
	Residents' Files - Progress Notes	LH-05-01-05
	Rules of Each Home	LH-02-01-04
S	Second Level Lodging Homes	LH-06-01-01
	Security & Safety (LH13)	LH-02-01-05
	Serious Incidents (LH07)	LH-02-01-03
	Special Needs Requisition	LH-05-01-08
	Subsidy Policy	LH-04-01-01
	Summary of Forms	LH-07-01-01
	Surgical/Medical Supplies	LH-03-01-01



SECTION	SUBJECT	PAGE		
		3	of	3
		YY	MM	DD
CONTROL PAGES	SUBJECT INDEX	84	06	30

T	Termination of Subsidy Contract	LH-05-03-02
	Transportation	LH-03-01-01
	Transfer of Existing Contracts - Subsidy	LH-05-03-02
	Trusteeship	LH-04-01-03
U	Unit Service Record	LH-0-04-02
V	Visiting of Resident (LH11)	LH-02-01-04
W	Waiting List for Subsidy Contract	LH-05-03-03

1

2

3

4

5

6

7



SECTION	SUBJECT	PAGE		
GENERAL INFORMATION	INTRODUCTION TO LODGING HOME UNIT	1	of	1
		YY	MM	DD
		84	06	30

SOURCE

CROSS REFERENCE

**SERVICES FOR
THE ELDERLY:**

The Division of Services for the Elderly, under the auspices of the Social Services Department of the Regional-Municipality of Hamilton-Wentworth, operates two regional Homes for the Aged, community support programs, and as of July 1, 1983, took on the responsibility for the administration of Lodging Homes and Residential Care Services.

PHILOSOPHY:

It is the philosophy of the Division to offer its clients services that meets their physical, spiritual and social needs. Through a variety of services, it is our goal to ensure and maintain the independence of our clients throughout our spectrum of services.

**OPERATIONAL
POLICY & PROCEDURES
MANUAL:**

In line with this philosophy, we have developed this operational policy and procedure manual for reference and review by our lodging home staff, operators, and other health and social care agencies, including the City of Hamilton's Licensing Department. With the development and implementation of this manual, the standards and regulations, as outlined under the Second Level License By-Law of the City of Hamilton, will be put into a more practical and applicable mechanism.

BY-LAWS:

The content is designed to ensure that the existing by-laws and regional policy and procedure is maintained. This policy and procedures manual provide direction to both staff and operators to ensure that an economical and practical service is available to our clients.

PREPARATION:

I would like to extend my personal appreciation to Carmen Salciccioli, Supervisor, Lodging Home Services and his staff for their efforts in compiling and developing the information for this document.

P. P. Papp
Director
Services for the Elderly



SECTION	SUBJECT	PAGE
GENERAL INFORMATION	ENABLING LEGISLATION	1 of 1 YY MM DD 84 06 30

SOURCE

CROSS REFERENCE

G.W.A. ACT & REGULATIONS

REGIONAL COUNCIL

OBJECTIVES:

Lodging Homes under contract to the Region are needed to house long-term recipients of social assistance who have no permanent homes and need assistance with the activities of daily living. Without the Services provided by Lodging Homes, these people would likely deteriorate rapidly on their own and, eventually, require costly institutionalization.

POLICY:

The Region may provide subsidy for eligible persons living in emergency or domiciliary hostels. Subsidy shall be provided via a legal contract with said hostels, subject to Regional and Provincial approval.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
GENERAL INFORMATION	AUTHORITY FOR LICENSING	1 of 1
		YY MM DD
		84 06 30

SOURCE

G.W.A. ACT & REGULATIONS

CROSS REFERENCE

REGIONAL COUNCIL

ISSUING
MUNICIPALITIES:

Only local municipality may licence special lodging homes. To date, within the Region, only the City of Hamilton and the Town of Dundas have chosen to do so.

2nd LEVEL
LICENSE:

All subsidized Lodging homes must be licensed, or meet the equivalent standards of City licensing where non exists. The Hamilton by-law refers to these special lodging homes as "Second Level" - to distinguish them from ordinary lodging homes that provide only bed and board and no supervision.

ISSUING OF
LICENSES:

The City by-law authorizes licenses to be issued and reviewed by the City Clerk's Department when the home has been approved by i) the Regional Health Unit, ii) the Building Department, iii) the Fire Department, iv) the Planning and Development Department (zoning). All standards and regulations with which homes must comply are included in the by-law.

INSPECTIONS:

The Regional Medical Officer of Health is the Chief regulating and inspecting officer in the City by-law; he, in turn, delegates authority to his nursing and inspecting staff.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION GENERAL INFORMATION	SUBJECT G.W.A. REGULATIONS RE: LODGING HOMES	PAGE 1 of 1		
		YY 84	MM 06	DD 30
SOURCE G.W.A. ACT & REGULATIONS		CROSS REFERENCE REGIONAL COUNCIL		

G.W.A. Regulations Section 1 Subsection 1 (j)

Hostel (Domiciliary Lodging Home) means a place of board and lodging maintained and operated by a municipality or the council of an approved band or by a person or organization under an agreement with a municipality, the council of an approved band or the Province of Ontario for needy persons, but does not include a Nursing Home or a Home for the Aged and Rest Home Act, or a Charitable Institution other than a Hostel under the Charitable Institutions Act.

G.W.A. Regulations Section 11-(1)

Subject to subsection (5) and sections 3, 5, 6, General Assistance shall be paid to, or on behalf of, any single person or head of a family who is a person in need and who is not a resident in an institution other than a Nursing Home or Hostel.

G.W.A. Regulations Section 12-12-(3) (b)

For the purpose of determining a person in need for General Assistance and for the purpose of subsection 11(1), the monthly budgetary requirement of an applicant or recipient, who is a resident in a Hostel, is the cost approved by the Director of providing him with board and lodging in the Hostel and with personal needs.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE		
		1	of	5
		YY 84	MM 06	DD 30
OPERATIONAL STANDARDS & GUIDELINES	GUIDELINE POLICY, LICENCE, RESIDENT FILE & INCOME RECORD			
SOURCE	CROSS REFERENCE			
G.W.A. ACT & REGULATIONS	REGIONAL COUNCIL			

POLICY: All Lodging Homes under contract with the Region shall meet the following Operating Standards & Guidelines established by Regional Council.

LICENCE:
(LH01)

The Home Operator/Owner shall display in a centrally visible and accessible place in the Home, a current licence and/or renewal issued by the municipality responsible for the same in the Region. No Home shall be under contract to the Social Services Department without a valid licence, where one is available.

RESIDENT FILE:
(LH02)

The Operator shall keep a central register with the following mandatory information on each resident in their home;

- Legal name, sex, date of birth, S.I.N., & Religion.
- Next of Kin: Name, address, phone number & relationship.
- Date of admission to the home.
- Referral source.
- Contact person - in a crisis situation.

INCOME
(LH03)

The home Owner/Operator shall keep a detail record of all income received by a resident, including the effective date income decreases or increases.



SECTION	SUBJECT	PAGE
OPERATIONAL STANDARDS & GUIDELINES	OHIP COVERAGE ADMISSIONS DISCHARGE	2 of 5 YY MM DD 84 06 30

OHIP COVERAGE:
(LH04)

All residents subsidized by Social Services are entitled to free O.H.I.P. coverage as part of the General Welfare Assistance Family Benefits Allowance packages. All others who are on a limited income may apply directly to O.H.I.P. for reduced or free coverage. O.H.I.P. coverage is available to all residents through one source or another.

ADMISSIONS:
(LH05)

The Region, under the terms of the contract with the homes, is only obliged to subsidize those residents admitted to the homes with prior knowledge and/or approval of the Social Services Commissioner or his authorized representative.

- I) The Operator will inform the Lodging Homes Unit, Division Services for the Elderly of all subsidized admissions within 48 hours of admission.
- II) All new residents coming into a home should be given a tour, including the location of:
 - His/Her bedroom and where they will keep their personal items & clothes
 - The kitchen
 - T.V. & sitting room
 - Dining Room and the times that meals are served
 - Bathroom(s)
 - The telephone
 - Fire Exits

DISCHARGES:
(LH06)

All subsidized residents' discharges or absences over 24 hours must be reported by the Operator to the Lodging Home Unit, Division Services for the Elderly by telephone, within 48 hours.



SECTION	SUBJECT	PAGE		
OPERATIONAL STANDARDS & GUIDELINES	SERIOUS INCIDENT LODGING HOME ACCESS	3	of	5
		YY	MM	DD
		84	06	30

SERIOUS
INCIDENT:
(LH07)

- (i) If the problem is of a medical nature and NOT an EMERGENCY, call the resident's personal or home physician.
- (ii) If it is an emergency medical problem, call an ambulance by dialing 911. (Ambulance services are covered by social assistance.)
- (iii) If the incident involves violence, call the Police by dialing 911. (The safety of the other residents as well as the problem resident is of prime importance.)
- (iv) Details of a residents serious personal problems are to be reported by the Operator to the Lodging Home Unit, Services for the Elderly by telephone including who was notified to help the resident i.e. H.P.H., Family Physician, Social Worker.
- (v) Details of all other serious incidents involving theft, fire, death, must be communicated by the Operator to the Lodging Home Unit, Division Services for the Elderly by telephone within 48 hours of the event. All staff present shall sign the report and the operator shall retain a copy in the resident's file.

LODGING HOME
ACCESS:
(LH08)

The Social Services Department sees the Contract Lodging Homes as regular "Family Homes" providing a family atmosphere, as much as possible. Therefore, the Operator shall provide reasonable access to:

- (i) All parts of the house, unless a particular room or rooms are occupied for some other specific purpose (e.g. by the Operator and/or the Operator's family.



SECTION	SUBJECT	PAGE		
OPERATIONAL STANDARDS & GUIDELINES	LAUNDRY, HOME CAPACITY, VISITING OF RESIDENTS, RULES OF HOME	4	of	5
		YY	MM	DD
		84	06	30

- (ii) The telephone for incoming and outgoing calls.
- (iii) The Lodging Home Unit staff shall have reasonable access to the home and its subsidized residents.

LAUNDRY:
(LH09)

Laundry facilities should be available to residents who wish to do personal laundry on the premises.

**HOME
CAPACITY:**
(LH10)

Effective January 1, 1984, no home under subsidy contract to the Region housing 20 residents shall expand its capacity beyond 20 residents unless it wishes to end its contract with the Region.

**VISITING OF
RESIDENTS:**
(LH11)

The operator should encourage the residents to have their relatives, friends, clergy etc. visit the home and make these people feel comfortable.

**RULES OF
EACH HOME:**
(LH12)

A copy of each homes' rules should be submitted to the Lodging Home Unit for approval. Rules should be in keeping with the departments philosophy, the standards and guidelines established by the Region and practical and responsible administration.



SECTION OPERATIONAL STANDARDS & GUIDELINES	SUBJECT SECURITY & SAFETY	PAGE 5 of 5 YY MM DD 84 06 30
--	----------------------------------	--

SECURITY
AND SAFETY:
(LH13)

Each home is responsible for ensuring their home is a safe place to live, including in following:

The Operator must take measure to protect the home from illegal entry and the residents bedrooms from unauthorized entry.

The emergency phone number 911 must be posted next to every telephone in the home.

Each home shall have a first aid kit approved by the Regional Health Unit, in an easily accessible place.
At least one staff member on each shift shall have first aid training.

Each home shall have a poison antidote chart in an easily accessible place. (i.e. the kitchen)

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE		
		1	of	3
SPECIAL ASSISTANCE & SUPPLEMENTARY AID	SPECIAL & SUPPLEMENTARY POLICY SURGICAL/MEDICAL SUPPLIES & TRANSPORTATION	YY	MM	DD
		84	06	30

SOURCE

G.W.A. ACT & REGULATIONS

CROSS REFERENCE

REGIONAL COUNCIL

POLICY:

The Social Service Department may provide special items to subsidize lodging home residents under the Special Assistance and Supplementary Aid Program.

In order to qualify, residents must have been receiving assistance for a minimum of two (2) months.

Items include:

- Surgical supplies - bandages, gauze, cotton, syringes.
- Transportation - or an allowance for the same.
- Prosthetic appliances.
- Funerals & Burials - Dental Services - Dentures
- Prescription glasses.

SURGICAL/MEDICAL
SUPPLIES:

- Surgical supplies must be medically prescribed.
- Eligibility is reviewed as follows:
 - G.W.A. and low income - every 3 months.
 - F.B.A. and other pensions - every 6 months.

In cases of chronic illnesses (e.g. diabetes), a prescription is required only at the initial application. Items must be requisitioned by the Lodging Home Worker.

TRANSPORTATION:

Assistance with transportation costs for medical appointments, interviews or related activities, may include:

- Money for a bus pass or tickets
- Payment for taxi fare
- Payment for D.A.R.T.S.

Items must be requisitioned by Lodging Home Worker.



SECTION	SUBJECT	PAGE		
		3	of	3
		YY	MM	DD
SPECIAL ASSISTANCE & SUPPLEMENTARY AID	PRESCRIPTION GLASSES PROSTHETIC APPLIANCES DRUG CARDS	84	06	30

**PRESCRIPTION
GLASSES:**

A pair of prescription glasses is provided every two (2) years for recipients of Social Assistance, other government benefits or low income. The client must have a prescription from a qualified Optometrist or Ophthalmologist. Lenses or frames will be replaced once in a twelve month period, or under special circumstances.

NOTE: Residents on Family Benefits Allowance requiring prescription glasses can deal directly with the local Family Benefits Office.

**PROSTHETIC
APPLIANCES:**

Clients must have a prescription from a physician for Prosthetic Devices. When an item costs more than \$499.00, authorization for payment must be sought from the Province.

**DRUG
CARDS:**

Clients on General Welfare Assistance, Family Benefits Allowance and Old Age pension receive drug cards automatically. Any resident who requires drugs not covered by the Provincial Drug Plan should consult their physician for a substitute or have their physician contact the Ministry of Health to obtain special authorization for payment for that specific drug.

Residents residing in the Home who receive private income and do not receive a drug card, may qualify for one through Special Income. The person or operator should apply directly to Special Income or contact the Lodging Home Worker for further assistance.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE		
FINANCIAL	SUBSIDY POLICY, ABSENCE ALLOWANCE & PAYMENT FOR ADMISSIONS & DEPARTURE DAY	1	of	2
		YY	MM	DD
		84	06	30
SOURCE	CROSS REFERENCE			
G.W.A. ACT & REGULATIONS	REGIONAL COUNCIL			

**SUBSIDY
POLICY:**

The Department shall be responsible for paying the current per diem to residents of Licenced Homes who qualify under the General Welfare Assistance Act and Regulations

**ABSENCE
ALLOWANCE:**

The Operator shall inform the Lodging Home Worker of any resident absences before they occur if possible. Each subsidized resident may be subsidized for authorized absences for a maximum of twenty-eight (28) days per per calendar year at 1/2 the current per diem.

**PAYMENT:
ADMISSION & DEPARTURE**

Day of Admission - The Department pays the current per diem on the day of admission. This should be indicated in prescribed manner on the Attendance Register, and month end billing forms.

The Day of Departure - The Department does not pay the current per diem on the resident's day of departure. This should be indicated in the prescribed manner on the Attendance Register, and month end billing forms.

**BILLING
PROCESS:**

The Home Operator/Owner shall be responsible for maintaining accurate financial records of each resident's stay in their home. The Operator/Owner shall submit a monthly account to the Department of Social Services, Division Services for the Elderly, Lodging Home Unit, located at Macassa Lodge, 701 Upper Sherman, Hamilton, L8V 3M7.



SECTION	SUBJECT	PAGE
FINANCIAL	BILLING PROCESS, ATTENDANCE REGISTER & LODGING HOME BILLING PROCESS	2 of 2
		YY MM DD
		84 06 30

The bills should not be sent in earlier than 12:00 noon on the last day of the current month, but as soon as possible in the new month. Bills are processed for payment by the Regional Finance Department each Thursday afternoon. The mandatory month end billing includes the Monthly Attendance Register and the Lodging Home Care Bills.

**ATTENDANCE
REGISTER:**

This form is to be completed by the Operator on a daily basis, and submitted at month's end. The Operator should keep a copy for his/her records.

BILLING FORMS:

The Lodging Home Care billing forms must be completed as detailed in the procedures section of the manual to ensure prompt and correct processing for payment. The bills are required in triplicate and must accompany the Attendance Register.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
FINANCIAL	TRUSTEESHIP	1 of 2
		YY MM DD
		84 06 30

SOURCE

G.W.A ACT & REGULATIONS

CROSS REFERENCE

PUBLIC TRUSTEE OFFICE

POLICY:

Each Lodging Home resident shall endorse his/her own cheque, cheque(s) (G.W.A., F.B.A., D.V.A., etc.), if possible. For those residents who are not capable of endorsing their cheque(s), or managing their financial affairs, one of the following options must be followed:

THE PUBLIC TRUSTEE

The Province of Ontario through the Official Public Trustee's Office manages estates and/or financial accounts for those citizens who are found to be incompetent in handling their own. In order for this to happen, a physician must issue a "Certificate of Incompetence" for a patient. Public Trusteeship is normally arranged by hospital staff prior to placement in a home.

RESPONSIBILITY
OF PUBLIC
TRUSTEE:

Public Trustees take charge of the clients cash, bank accounts and securities and arrange to collect money owing to the person from whatever source. They assume management of material things, such as, real property, household effects and motor cars. Items are administered in the resident's best interest, and a fee is charged to the persons estate for this service

PAYMENT OF
BILLS:

The Public Trustee will pay as far as possible, the bills from the income of a resident. Bills over and above a residents income will be paid by the appropriate agencies.

FURTHER
INFORMATION:

The Public Trustee's Office,
145 Queen St. West,
Toronto, Ontario,
M5H 2N8 - (416) 362-1331.

NOTE WHEN CORRESPONDING: Quote the resident's file number.



SECTION	SUBJECT	PAGE		
FINANCIAL	TRUSTEESHIP	2	of	2
		YY	MM	DD
		84	06	30

**OPERATOR AS
TRUSTEE:**

If the Home Operator is acting as the trustee, and handles the resident's finances, then the following shall apply:

Each resident for whom the Operator is acting as trustee, shall have a separate bank account, and the Operator will complete all necessary bank forms.

Each Trust Account should be kept as up to date as possible.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE		
		1	of	1
FINANCIAL	PERSONAL NEEDS ALLOWANCE	YY	MM	DD
		84	06	30

SOURCE

CROSS REFERENCE

G.W.A. ACT & REGULATIONS

POLICY: The Region shall provide a personal needs allowance to residents of Lodging Homes who meet eligibility requirements.

AUTHORIZATION: Section 12, Subsection 3(b) of the General Welfare Assistance Act & Regulations, states that the monthly budgetary requirement of an applicant or recipient who is a resident in a Hostel (Lodging Home) is the cost approved by the Director of providing him with board or lodging in the Hostel and with personal needs.

RECORD KEEPING: This "Personal Needs" allowance is spending money for the resident. If the Operator manages money for residents who are not able to manage it themselves, there should be:

A ledger or receipt book indicating the amounts and date issued, (weekly, daily, etc.,)

A receipt signed by the resident each time he/she receives money from the Operator out of this "Personal Needs" allowance.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84

January 1, 1900

January 1, 1900



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	INITIAL APPLICATION	1 of 1
		YY MM DD
		84 06 30

SOURCE

CROSS REFERENCE

G.W.A. ACT & REGULATIONS

REFERRAL: Initial applications for General Welfare Assistance are made by the referral source or the Home Operator when a new resident arrives. The following process occurs:

The referral source telephones the Lodging Home Unit, to advise that a particular client requires Second Level Lodging Home Services. The referral source is asked to complete the Lodging Home Care Referral form, accompanied by an F4 (Provincial Medical) if applicable and forward to Lodging Home Unit.

**SELECTION
OF HOME:**

The perspective resident is taken to tour two or more homes by the referral source, in order to pick one in which he/she wants to reside.

The Operator notifies the Lodging Unit of the new admission by telephone on the first working day after the admission.

**HOME
VISIT:**

Within three (3) working days of the notification a Lodging Home Unit Worker shall make a home visit to complete the mandatory forms and/or assess the residents adaptation to his/her new environment.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	FORM 1	1 of 2
		YY MM DD
		84 06 30

SOURCE

CROSS REFERENCE

G.W.A. ACT & REGULATIONS

PURPOSE:

The Form 1 is an application form for assistance under the General Welfare Assistance Act & Regulations. It is required in order to determine eligibility for subsidy, and contains details of the following items:

- Personal
- Employment
- Income
- Assets
- Property
- Life Insurance
- Living Expenses

WHEN USED:

The completion of the Form 1 in the Lodging Home is mandatory for:

- 1) For all new applicants;
- 2) For all re-applications of General Assistance;
- 3) Once yearly for all clients to update circumstances.

It may be completed prior to the resident entering a specific home, while in hospital, or other place.

**REQUIRED
COMPLETION
DATE:**

The Form 1 should be completed by the Lodging Home Unit Worker in accordance with Departmental Policy. In no circumstances should this period be longer than five (5) working days. The three (3) working days prescribed in the Social Services Manual, should be adhered to whenever possible.

RE-APPLICATIONS:

When a resident has been absent from a Lodging Home for more than one (1) month, a new Form 1 is required to re-instate subsidy for the resident.

The Form 1 must be accompanied by a Consent to Inspect Assets.



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	FORM 1	2 of 2
		YY MM DD
		84 06 30

PROCESSING:

Upon completion of the Form 1 the Lodging Home Worker will:

- Have it reviewed, signed by the immediate supervisor; and forward it to the clerk for the Unit. The clerk will assign a number and forward it to the Systems Unit for a computer input.

The Terminal Operator will input the document, sign it and return it to the clerk.

NOTE: It's important to note that the Terminal Operator has signed in the appropriate place; as absence of the signature denotes incorrect information on the Form 1, which must be corrected and re-submitted for input.

The clerk logs the date returned opposite the original date of format sent.

The Form 1 is returned to the Lodging Home Worker, and filed in the resident's file.

COMPLETION:

The Form 1 must be completed and coded in accordance with departmental procedures as stipulated in the Procedures Section of the Social Services Manual. For more detailed instructions on how to complete the Form 1 see the Income Maintenance Training Manual TP4-201-1.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE		
RESIDENT DOCUMENTATION	PRESENT CONDITION REPORT	1	of	2
		YY	MM	DD
		84	06	30

SOURCE

CROSS REFERENCE

G.W.A. ACT & REGULATIONS

PURPOSE:

The Present Condition Report (P.C.R.) is a Provincial Form used to update a resident's condition in regards to his/her continued eligibility for G.W.A. This form is used when a Form 1 is not required, but not in place of a Form 1.

WHEN USED:

Event	Form 1	P.C.R.
Initial Application	X	
Six (6) Month Update		X
Yearly update every 12 months	X	
Re-Application less than one (1) month		X
Re-Application more than one (1) month	X	
Change in Address		X

FREQUENCY:

Residents in the homes are unemployable and, accordingly, should be seen a minimum of every six (6) months. A resident who is given a projected date of recovery falls under the general rule and should be seen at the projected recovery date to re-assess his/her future need of the program.



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	PRESENT CONDITION REPORT	2 of 2
		YY MM DD
		84 06 30

PROCESSING:

The Lodging Home Worker completes the P.C.R. at the home and, when possible have the resident sign it. The document is retained in the resident's file.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	O.H.I.P. COVERAGE	1 of 2
		YY MM DD
		84 06 30

SOURCE

G.W.A. ACT & REGULATIONS

CROSS REFERENCE

O.H.I.P. PREMIUM
ASSISTANCE

PURPOSE:

O.H.I.P. coverage is one of the benefits granted to recipients under the General Welfare Assistance Act. If the applicant is paying premiums directly, appropriate details include from whom they are receiving premium assistance, the type of coverage and if they want to transfer coverage to the Social Services Program. ("Paid by", examples of this are; Applicant, Spouse, G.W.A. Premium Assistance, etc.).

TRANSFER:

If coverage is to be transferred, the number is copied directly from the O.H.I.P. card, if available

NO COVERAGE:

If the resident does not have O.H.I.P. coverage, a pre-numbered Municipal O.H.I.P. Application shall be completed.

The temporary care portion of the form shall be completed, separated and signed by the resident to serve as a temporary O.H.I.P. card.

O.H.I.P. usually sends cards within four (4) to six (6) weeks.

PROCESSING:

The appropriate O.H.I.P. Application is completed correctly, signed and separated.

The first part is mailed to O.H.I.P. via the Social Services Department's General Mail Procedure.

The second part is retained and stapled to the back inside portion of the resident's file.

RENEWALS:

Renewals are done every three (3) months. Notices for renewal are sent from O.H.I.P. Head Office.



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	O.H.I.P. COVERAGE	2 of 2
		YY MM DD
		84 06 30

Renewals using the Municipal Contract Application or the Authorization to Extend Coverage (Municipal Advice Note) are stapled in the resident's file.

Residents and Operators should forward to the Lodging Home Worker, O.H.I.P. premium notices for residents, so that their coverage can be continued without interruptions.

O.H.I.P. NOTIFICATION OF CHANGE

PURPOSE:

This form is used to notify O.H.I.P. of a change in status or address, so that proper coverage can be maintained.

Eg. When a person is transferred or moved from one home to another or from a lodging home to the Community.

When a person marries or separates.

PROCESS:

The form is completed in duplicate, one copy is sent to O.H.I.P., one copy is retained in the residents file.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE		
RESIDENT DOCUMENTATION	PROGRESS NOTES	1	of	1
		YY	MM	DD
		84	06	30
SOURCE		CROSS REFERENCE		
SOCIAL SERVICES DEPARTMENT		G.W.A. ACT & REGULATIONS		

PROGRESS NOTES (RESIDENTS' FILES)

PURPOSE: Progress notes are mandatory and are used to record all actions and interactions of a worker and a client.

CONTENTS: The Date, in DD MM YY format must be included with every entry in the margin at the left hand of the sheet.

The Progress Notes should tell any worker or Supervisor as much as need be known to handle the case appropriately. They are primarily a tool for the current worker to measure progress and make necessary changes in case planning, from time to time.

Information relevant to a clients continued eligibility, important/significant events, and general condition as applicable are to be documented.

Every home visit and consultation sessions, on behalf of or with the client, are to be documented.

Information should be concise and legible. Signature or initial of the writer must appear in the bottom right hand corner of the entry.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL





4/84



SECTION

RESIDENT DOCUMENTATION

SUBJECT

LODGING HOME REFERRAL FORM

PAGE

1 of 1

YY
84

MM
06

DD
30

SOURCE

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

PURPOSE:

This form is used by community agencies and area hospitals to refer a client to the program. The purpose of the form is to communicate certain basic and pertinent information about the individual that will be helpful to the Lodging Home Worker. It also indicates who is designated for "follow up" from the referring source, level of functioning and brief history. Referral forms for residents who request/require full departmental subsidy must be accompanied by a medical certificate (F.4).

PROCESS:

This form is completed by the referral source and mailed to the Lodging Home Unit. A worker is assigned to the client and a resident's file is set-up. The worker reviews the form and staples it to the front inside portion of the resident's files. A copy of the referral form is given to the Lodging Home, for their resident file.

The Lodging Home Worker utilizes all information from this form to develop a case plan.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	PROVINCIAL MEDICAL FORM 4	1 of 1
		YY MM DD
		84 06 30

SOURCE

CROSS REFERENCE

G.W.A. ACT & REGULATIONS

PURPOSE:

The Provincial Medical Form 4 is given to applicants claiming unemployability and is to be completed by a physician.

It is a supportive document to the Lodging Home Referral Form indicating a resident has physical or mental/social problems requiring a Lodging Home type of setting as opposed to Nursing Home or other community setting.

It indicates, generally, a prognosis by the attending physician as to whether the person is temporarily or permanently unemployable.

EMPLOYABILITY:

If a client is listed as temporarily unemployable, then when the temporary time period has elapsed, another medical is required to determine if the resident should remain in the home or return to independent living in the community.

If a client is listed as permanently unemployable, then the person can be submitted for Family Benefits Allowance. In these instances, the original medical form and any other supportive documentation should be included in the family benefits referral and copies of same kept in the residents' file.

NOTE: Certain physicians bill the residents for completing the Form 4. When a completed medical is received with a bill, please ensure that the client's name is clearly legible on the bill and forward it to the Accounting and Systems Section of Social Services for payment.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	SPECIAL NEEDS REQUISITION	1 of 1
		YY MM DD
		84 06 30

SOURCE

G.W.A. ACT & REGULATIONS

CROSS REFERENCE

REGIONAL GUIDELINES
LH-03-01

PURPOSE:

This 4 part form is used to requisition items not normally provided by Income Maintenance.

REQUISITION:

Complete a requisition form, indicating item or service required and attaches supportive documentation (e.g. Prescription for glasses). (See LH-03-01 for detail list of items)

APPROVAL:

Forward requisition to the Unit Supervisor for approval. If not approved, draw a line through it and mark VOID. Forward voided prenumbered requisition to Systems Section to be cancelled.

If the Unit Supervisor approves, forward to the "Special Income Unit" for final approval. If not approved, follow same procedure as above and notify the Worker.

PROCESSING
THE ORDER:

Once approved, the name of the supplier and quantity is filled in the lower portion and the form is separated and distributed; one part to request, one part as a purchase order, one part as a delivery receipt and one part as an invoice for the supplier.

The resident receives his copy of the purchase order by mail and takes it to the supplier to be filled.

The delivery receipt copy is stapled to the lower right inside cover of the resident's file.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE		
RESIDENT DOCUMENTATION	CASE TRANSFER SUMMARY	1	of	1
		YY	MM	DD
		84	06	30

SOURCE

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

PURPOSE:

The "Case Transfer Summary" form is intended to provide to the receiving worker a synopsis of the client to be transferred. This form is completed by the "sending" worker whenever a case is being transferred to or from one team in Income Maintenance Section or Lodging Home Unit.

**INFORMATION
REQUIRED:**

The six (6) sections must be completed as applicable to the particular client and accompanied by the following:

- A) A change in O.H.I.P. information.
- B) A letter informing the client of the new worker.
- C) A computer change form (904).
- D) An updated client profile sheet.

TRANSFERS:

The above forms and the case transfer summary are to be clipped to the outside of the file with the summary on top by the sending worker. Upon receipt of the transferred file, the receiving worker will staple the summary to the left inside file cover of the resident's file, and distribute the other forms as required.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION RESIDENT DOCUMENTATION	SUBJECT FAMILY BENEFITS REFERRAL FORM	PAGE 1 of 3		
		YY 84	MM 06	DD 30

SOURCE

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

PURPOSE: The referral form is used to initiate the transfer process of eligible residents from Departmental Subsidy to full Provincial Subsidy.

REFERRAL: The Lodging Home Worker determines that a referral is appropriate by:

Reviewing information provided on the Form 4 by the attending physician.

Verifying that the applicant does not have assets in excess of maximum allowable assets under the F.B.A. (currently \$3,000.00).

PROCESSING: The Lodging Home Worker completes the Referral Form 80-00-152 in duplicate, one copy is retained in the resident's file. The Referral Form is completed in the prescribed manner in the Social Services Policy and Procedural Manual (PRO-5-109-20 through to PRO-5-109-29).

The Original Form 4 is attached and a copy of the same is retained in the resident's file.

CHECK LIST: A form check list is printed on the back of each Referral for Application. Lodging Home Workers use this check list to verify that the proper documents are enclosed with the referral. Documents are stapled (not clipped) to the Referral Form to prevent losses in transit.

IMMIGRATION: If applicable, the immigration status and copies of the documentation re: sponsorship breakdown should be included.



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	FAMILY BENEFITS REFERRAL FORM	2 of 3
		YY MM DD
		84 06 30

**PARENTAL
SUPPORT:**

If applicable copies of documentation from the Parental Support Unit should be included.

When a woman/man is deserted, separated or divorced, referrals to the Parental Support Unit MUST precede any referrals to F.B.A. Discretion must be exercised with the Lodging Home residents. Keep in mind that in order to persue maintenance, the whereabouts of the spouse must be known, if he/she is gainfully employed, and whether or not the relationship was of some permanence.

**ELIGIBILTIIY
INFORMATION:**

Any additional relevant information to G.W.A. eligibility that applies to F.B.A. eligibility, (including mortgage papers, property transactions, etc) should be included.

COPIES:

Copies of documents, forms, etc., must always be made from the original copy. The copies must be stamped as "Certified True Copies", and initialed by the Field Worker. The signature indicates that the copies were made from an original.

**COMPUTER
NOTICE:**

The computer change form (904) must be attached to the referral, indicating transfer to F.B.A. No date is required as the liaison worker will enter that.

TRANSFER:

The F.B.A. referral package is forwarded to the Unit clerk, who logs the 904 and forwards it to the G.W.A./F.B.A. liaison officer.



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	FAMILY BENEFITS REFERRAL FORM	3 of 3
		YY MM DD
		84 06 30

Once the Liaison Officer accepts the referral, it is forwarded to the local F.B.A. office and the 904 is dated with the referral day and sent to Accounting & Systems for input.

The 904 is returned to the clerk to log, as returned, and then given to the Lodging Home Worker to file in the resident's file.

REJECTION:

If the package is not acceptable, the liaison worker will return it to the Lodging Home Worker with all appropriate attachments indicating the problem.

**FAMILY BENEFITS
CHANGE FORM:**

Once a referral has been sent to F.B.A., any changes or additional information must be recorded on the "Family Benefits Referral - Notice of Change" form. A new referral is not required for this purpose.

This form is completed in the prescribed manner, described in the Social Services Manual; original to the G.W.A./F.B.A. liaison worker, the copy is kept in the resident's file for reference.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	PARENTAL SUPPORT REFERRAL	1 of 1
		YY MM DD
		84 06 30

SOURCE

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

REFERRAL:

Referral to the Parental Support Unit (P.S.U.) is made for residents who are deserted, separated or divorced (legal marriages and common-law with or without children). Exceptions are widows, and common-law spouses without children who have co-habited less than five (5) years.

PROCESS:

The P.S.U. referral forms should be completed and forwarded as prescribed in the Social Services Manual.

Discretion should be used in making P.S.U. referrals for lodging home residents. They may not be able to provide the required information about the spouse, including whereabouts, employment, assets, etc. Referrals to the P.S.W. Unit must be discussed with the immediate supervisor.

For further information regarding the referral process or the mandate of the P.S.U., consult the Social Services Manual.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE		
RESIDENT DOCUMENTATION	FORM 14: MENTAL HEALTH ACT	1	of	1
		YY	MM	DD
		84	06	30

SOURCE

CROSS REFERENCE

MENTAL HEALTH ACT

PURPOSE:

Form 14 is used to request information from the resident's clinical record at a Psychiatric hospital or from their personal physician. Information regarding a residents mental health may be required in obtaining other sources of government income.

**COMPLETION
OF FORM:**

The Form 14 should be fully completed and witnessed by the worker.

If the resident cannot sign because of mental incompetency, then any of the relatives listed on the form should be asked to sign in their behalf.

The completed form should be mailed to the facility or physician from whom the information is being requested with a covering letter, and a copy of the same be retained in the resident's file.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
RESIDENT DOCUMENTATION	COMPUTER CHANGE REQUEST	1 of 1
		YY MM DD
		84 06 30

SOURCE

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

PURPOSE: Form 904 is used to change the Client Profile (SSIC) or to change the payment (SSIP) on the Computer system. This applies to residents in receipt of the full GWA subsidy.

WORKER: Completes client's I.D. code (first four (4) digits of the last name, first initial of the Christian Name and date of birth), the date district and the worker's initials in the appropriate places.

Indicates profile, SSIC or SSIP to be changed.

Indicates the specific changes to information.

Forward the 904 to the Unit Clerk.

UNIT CLERK: Assigns the document a number, records code and forwards it to the Systems and Accounting Unit for input.

INPUT: If the I.D. code is wrong or any part of the information to be changed, then the form will be returned unsigned to the worker to be corrected.

FILING: The 904 is returned to Unit Clerk, recorded, returned and given to the worker.

The form is filed in the resident's file.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION LODGING HOME BILLING FORMS	SUBJECT RESIDENT ATTENDANCE REGISTER	PAGE 1 of 1		
		YY 84	MM 06	DD 30

SOURCE

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

PURPOSE: The Resident Attendance Register, issued to the Home Operators, records a resident's daily presence, absence, admission and discharge.

LODGING HOME OPERATOR: Complete the Attendance Register on a daily basis to ensure accuracy.

Balance the Register at the end of the month and mail with the Lodging Home Care Bill to the Lodging Home Unit, Division Services for the Elderly, 701 Upper Sherman, Hamilton, L8V 3M7.

LODGING HOME WORKER: Upon receipt, verify the register for accuracy. If changes are required consult with the Operator. Forward to the Unit Clerk.

CLERK: Duplicate one copy of the Attendance Register. File in the Home's billing file for future reference, attach original to the Lodging Home Care Billing Form.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION SUBSIDY CONTRACT	SUBJECT CONTRACT POLICY, ISSUANCE OF NEW CONTRACT	PAGE 1 of 1		
		YY 84	MM 06	DD 30

SOURCE

CROSS REFERENCE

G.W.A. ACT & REGULATIONS

REGIONAL COUNCIL

**CONTRACT
POLICY:**

In compliance with Section 12 Subsection (3)(B) of the General Welfare Regulations, and in accordance with existing Regional Policies and Procedures. The Region is required to ensure that a consistent, practical and appropriate process for the issuance and continuation of purchase of service contracts to Lodging Homes Manual is maintained. The following Guidelines have been established:

**ISSUANCE OF
NEW CONTRACTS:**

Upon written receipt of a request, the Departmental Application Form will be mailed to the interested parties.

The Application must be completed in full, signed by the appropriate party/parties, and returned to the Department.

Upon receipt of the application, the Lodging Home Personnel will carry out a tour of the proposed facility.

The facility is rated, by a scale adopted by Regional Council in March 1983.

The Department's findings during the tour of the facility, and a review of the application are examined by Lodging Home Personnel, concentrating on the overall personal suitability of the applicants to fulfill the mandate required in the Regional Subsidy Contracts.

If the applicant meets the Regional criteria, a recommendation from the Lodging Home Unit (Division-Services for the Elderly) is forwarded to the Commissioner, and consequently, the Social Services Committee & Regional Council for approval.

Upon approval, the Lodging Home Unit notifies the applicant.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL
4/84



SECTION SUBSIDY CONTRACT	SUBJECT TRANSFER TERMINATION	PAGE 1 of 1		
		YY 84	MM 06	DD 30

SOURCE

CROSS REFERENCE

REGIONAL COUNCIL

**TRANSFER OF
EXISTING
CONTRACTS:**

When an Owner/Operator wishes to sell their premises to another Operator, the following procedure will be under taken:

- 1) The current Owner/Operator notifies the Lodging Home Unit in writing, as soon as a home is up for sale.
- 2) When the new owner is known, the Region will ascertain, in writing, his/her intentions to carry on, the terms of the existing contract to the annual expiry date.
- 3) The Department completes an inspection of facility and reviews their application to ensure that the new Owners/Operators meet current Regional standards.
- 4) If all criteria have been met, a contract is issued

**TERMINATION
OF CONTRACT:**

If an Operator decides to terminate a Regional Contract, then the following steps will be undertaken.

- 1) The Owner/Operator will notify the Department in writing, at least sixty days prior to such action. (See contract)
- 2) If residents in the facility are to be transferred, arrangements are made by the Lodging Home Unit.
- 3) The Lodging Homes Unit forwards a recommendation to terminate the contract to Social Services Committee.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION SUBSIDY CONTRACT	SUBJECT WAITING LIST	PAGE 1 of 1
		YY 84 MM 06 DD 30
SOURCE REGIONAL COUNCIL	CROSS REFERENCE	

**WAITING LIST
CONTRACT:**

On an annual basis, the Social Services Committee sets a limit on the number of contracts to be issued.

Any subsequent requests are added to a waiting list, prioritized by date received and the rating scale.

When existing contracts are terminated, the Region, in conjunction with the Lodging Homes Unit proceeds to select an applicant from the waiting list, provided that the applicant fulfills all the requirements and receives approval as Second Level Licensed Lodging Home facilities.

Upon selection, the applicant is notified and steps are taken to issue a new contract.

The waiting list is reviewed on a quarterly basis.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION LODGING HOME FILES	SUBJECT C.A.P. FORM, CONTRACT FILE, BILLING FILE	PAGE 1 of 1		
		YY 84	MM 06	DD 30

SOURCE

CROSS REFERENCE

MINISTRY OF COMMUNITY
& SOCIAL SERVICES

C.A.P.
FORM:

The C.A.P. form (data on Residential Welfare Institution under the Canada Assistance Plan) is sent to the Ministry of Community and Social Services by the Region, to formally request cost sharing when entering into a service contract.

PROCESS:

The C.A.P. form is completed by either the Lodging Home Worker or the Supervisor.

One (1) copy is kept on file and the original is forwarded to the Area Manager, Community and Social Services, with a covering letter requesting cost sharing at 80/20.

The reply agreeing to cost share the payments to the new facility is kept in the Lodging Home file.

CONTRACT
FILE:

Each home under contract to the Department shall have a legal size file, containing past and present contracts and addendums, and all pertinent correspondence. It shall also contain, stapled to the inside right file cover, an up to date information sheet.

BILLING FILE:

Each home under contract to the region shall have a legal size billing file, containing a copy of the current year's billing that has been approved and paid. On the inside right file cover, a Unit Service Record sheet is to be completed and stapled.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION	SUBJECT	PAGE
LODGING HOME FILES	LODGING HOME INFORMATION SHEET UNIT SERVICE RECORD SHEET	1 of 1
		YY MM DD
		84 06 30

SOURCE

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

**LODGING HOME
INFORMATION
SHEET:**

This form records and monitors any changes in the following information on an annual basis for each home:

City Licence Information
Contract Information
Supervision Arrangements

PROCESS

The Information Sheet is stapled to the inside right file cover of each Lodging Home file.

The Lodging Home Worker records the yearly update of licenses or any appropriate changes.

The unit clerk records the yearly updated contract and addendums.

**UNIT SERVICE
RECORD SHEET**

This form is used on a monthly basis to record the number of units of service, cost, and year to date calculation of the resident and non-resident population for each home.

PROCESS:

- A) A Unit Service Record is stapled to the inside right hand cover of the current Lodging Home Billing File.
- B) Each month, after the bills are verified and processed, the unit clerk makes the appropriate entry.
- C) Each column is completed, and a running total shown to date, for units of service and cost of the units.
- D) At end, a total cost is calculated. The Region receives 80% subsidy for all residents and 100% subsidy for all non-residents.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION LODGING HOME FILES	SUBJECT RESIDENTS' FILES	PAGE 1 of 1 YY 84 MM 06 DD 30
-----------------------------------	---------------------------------	---

SOURCE

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

PURPOSE:

To standardize the contents of the Lodging Home Residents' files, to ensure that the basic information required by the Department & the General Welfare Assistance Act and Regulations is available.

CONTENTS:

Each resident file must contain the following information placed in specific locations.

Current Form 1 and/or P.C.R. properly completed and signed by the resident.

O.H.I.P. proof of coverage.

Any other pertinent department forms and/or correspondence relating to the resident.

The PROGRESS NOTES stapled to the inside left hand of the file cover.

The LODGING HOME REFERRAL FORM (if available) stapled to the inside left hand of the file cover.

The O.H.I.P. CONTRACT stapled to the inside right hand of the file cover.

Any O.H.I.P. updates (short form) as available, stapled to the top inside right hand of the file cover.

File portion of all "NEEDS REQUISITIONS", stapled on the bottom inside right hand of the file cover.

DIVISION HEAD

COMMISSIONER

DATE OF COUNCIL
APPROVAL

4/84



SECTION LODGING HOME FILES	SUBJECT MONTHLY OPERATIONAL REPORT	PAGE 1 of 2		
		YY 84	MM 06	DD 30

SOURCE

G.W.A. ACT & REGULATIONS

CROSS REFERENCE

SOCIAL SERVICES
DEPARTMENT

PURPOSE:

The Division of Services for the Elderly, Lodging Homes Unit, is mandated to administer the Lodging Home Program under the General Welfare Assistance Act, and to ensure that consistency and high quality service is delivered to the clients overall, and that this is reviewed on a regular basis.

In order to comply with this mandate, the following procedure shall be implemented in completing and distributing the Monthly Operational Report.

FIELD STAFF
REVIEW:

The Lodging Homes Unit fieldstaff will meet once a month to review and generate a report noting the following information:

Any deviations from the Second Level Lodging Home By-Law that may affect the overall general well being and health of the residents.

Any current positive developments of a creative nature in the Homes, benefiting and enriching the life of the residents.

A monthly statistical report on the number of residents housed and serviced by the program, as well as indicating the bed vacancy rate.

LODGING HOME
SUPERVISION:

The Supervisor of the Lodging Homes Unit completes the Monthly Operational Report containing the above information and forwards it to the Director of Services for the Elderly.



SECTION	SUBJECT	PAGE		
LODGING HOME FILES	MONTHLY OPERATIONAL REPORT	2	of	2
		YY	MM	DD
		84	06	30

**DIRECTOR
SERVICES FOR
THE ELDERLY:**

The Director of Services for the Elderly reviews the report and forwards it to the Commissioner of Social Services, who may do one of the following:

FOLLOW-UP:

Upon receipt of the report, the Commissioner if satisfied will file it.

If however the report raises a particular concern about the residents care, the Commissioner will inform the appropriate Regional and/or City Departments, who have direct jurisdiction over the Lodging Home Program (i.e. Public Health Department, Fire Department, City of Hamilton Licensing Department), under the Second Level Lodging Homes By-Law.

NON-COMPLIANCE:

Where this procedure has been followed in it's entirety and no action has taken place to rectify the concern in thirty (30) calendar days, the Lodging Home Unit, through it's Divisional Director will issue a report in writing of the non-compliance to the Commissioner of Social Services.

DIVISION HEAD

COMMISSIONER

**DATE OF COUNCIL
APPROVAL**

4/84



SECTION	SUBJECT	PAGE		
		1	of	3
		YY 84	MM 06	DD 30

LODGING HOME UNIT
c/o Macassa Lodge
701 Upper Sherman
L8V 3M7
Phone: 385-5385

Lodging Home Worker

Leslie Gibbons
Art Scidmore

SECOND LEVEL LODGING HOMES	ADDRESS	CAP	PHONE NO.	WORKER
<u>ADEL'S LODGING & REST HOME</u> Nettie Excell	265 Bay St. S. L8P 3J8	16	529-5084	A.S.
<u>ANKA REST HOMES</u> Martin & Anka Tomljenovic	43 London St. N. 20 L8H 4B2		545-0446	A.S.
<u>BALSAM LODGE</u> Don Sloboda	219 Balsam Ave. S. 14 L8H 3B9		544-4455	A.S.
<u>BANKSIA HOUSE</u> Ann Crouchman	37 Ogilvie St. Dundas L9H 2S3	15	628-2630	A.S.
<u>BORIS & DANICA LODGE #1</u>	42 Ontario St. L8N 2X2	9	523-6361	L.G.
<u>BORIS & DANICA LODGE #2</u> Boris & Danica Dokic	28 Burris St. L8M 2J3	16	529-3850	L.G.
<u>"C" MORE VILLA</u> Frederick & Gwynette Seymour	60 West Ave. S. L8N 2S3	12	529-0604	A.S.
<u>CRYSTAL MANOR</u> Ken Edge	83-85 Emerald St. S. 34 L8N 2V4		527-0403	A.S.
<u>DENHOLM'S</u> Mary Denholm	144 Robinson St. L8P 1Z5	15	527-8443	L.G.
<u>FORBES HOME</u> Helen Forbes	18 Victoria Ave. N. 10 L8L 5E1		529-9855	A.S.
<u>GRINDSTONE CREEK MANOR</u> Donald Hancock	65 Dundas St. E. 27 Waterdown LOR 2H0		689-6449	A.S.
<u>HERKIMER LODGE</u> Merle Nelson	130-132 Bold St. L8P 1V3	20	529-6824	L.G.



SECTION	SUBJECT	PAGE		
		2	of	3
		YY	MM	DD
CONTACT LIST	2ND LEVEL	84	06	30

SECOND LEVEL LODGING HOMES	ADDRESS	CAP	PHONE NO.	WORKER
<u>J & M RESTHOME</u> John & Michael Job	849 Main St. E. L8M 1L3	12	545-1565	A.S.
<u>KATHLEEN WARD'S LODGING HOME</u> Kathleen Ward	255 Caroline St. L8P 3L6	9	522-5420	L.G.
<u>LATTA'S REST HOMES</u> Shirley Latta	44 Proctor Blvd. L8M 2M4 55 Sherman Ave. S. L8M 2P6 98 Sherman Ave. S. L8M 2P7	12 19 12	549-1055	L.G.
<u>MAIN EAST REST HOME</u> Martin & Anka Tomljenovic	939 Main St. E. L8M 1M7	23	544-0884	A.S.
<u>MEEHAN'S REST HOME</u> Irene Meehan	211 Kensington Ave. L8L 7N6	9	544-4889	A.S.
<u>MOUNTAIN LODGE</u> Judy O'Kacza	832 Concession St. L8V 1E2	53	389-4200	A.S.
<u>PARK MANOR REST HOME</u> Frank & Ethel Foza	160-164 Park St.S. L8P 3E8	20	527-8043	L.G.
<u>PAT'S LODGING HOME</u> Patricia Rector	237 Herkimer St. L8P 2H8	9	528-3818	L.G.
<u>PETROVICH REST HOME</u> Marko & Anka Petrovich	92 Wentworth St.S. L8N 2Y9	14	525-8227	A.S.
<u>RUTHERFORD LODGE</u> Anna Zivkovic	18 Rutherford Ave. L8M 1Y4	16	522-9342	L.G.
<u>ST. ANDREW'S LODGE & REST HOME</u> Clavis Swaby	100 Herkimer St. L8P 2G7	20	523-0822	L.G.
<u>ST. ANN'S REST HOME</u> Stephanie Cameron	115 Victoria Ave.S. L8N 2S9	21	525-6864	A.S.
<u>ST. CLAIR LODGE</u> Elaine McCarthy	75 St. Clair Blvd. L8M 2N6	9	547-8735	L.G.



SECTION	SUBJECT	PAGE		
		3	of	3
		YY	MM	DD
CONTACT LIST	2ND LEVEL	84	06	30

SECOND LEVEL LODGING HOMES	ADDRESS	CAP	PHONE NO.	WORKER
<u>ST. FRANCIS LODGE</u> Lester & Daphney Francis	57 Proctor Blvd. L8M 2M5	17	547-4341	A.S.
<u>ST. GEORGE REST HOME</u> Johanna Dunker	128 Herkimer St. L8P 2H8	6	527-6131	L.G.
<u>ST. GEORGE RETIREMENT HOME</u> Ingeborg Engelhardt	274 Bay St. S. L8P 3J6	20	527-8087	L.G.
<u>ST. PATRICK'S LODGE</u> Ann Marie Brown	90 Emerald St. S. L8N 2V4	14	523-5055	A.S.
<u>SEE MORE REST HOME</u> Ena Seymour	65 East Ave. S. L8N 2T5	18	529-7862	L.G.
<u>SUNNYSIDE LODGE</u> Darlene Wooton & Karl Waldbroel	11 Lake Ave. Stoney Creek L8G 1X5	7	662-1460	A.S.
<u>SUNSET LODGE</u> Veronica Jordan	110-112 Stinson St. L8N 1S5	20	521-9112	L.G.
<u>39 STANLEY AVENUE LTD.</u> Julia Spagnoli & Angela Buonamici	39 Stanley Ave. L8P 2K9	15	528-2700	L.G.
<u>UNIVERSAL LODGE</u> Vernice Daley	46 West Ave. S. L8N 2S1	20	523-5782	A.S.
<u>VEROLEN'S REST HOME</u> Veronica Dunbar	106 Catherine St. S. L8N 2J5	15	522-0579	L.G.
<u>VICTORIA MANOR</u> John Martino	121 Victoria Ave. S.	20	525-3314	A.S.
<u>VILLA MARIA REST HOME</u> Maria Orozovic	84 Grant Ave. L8N 2X7	15	522-4780	L.G.
<u>WELLINGTON LODGE</u> Vicki Adomako	94 Wellington St. S. L3M 2R2	9	529-9492	L.G.
<u>WEST HAVEN REST HOME</u> Carole Bruen	131 Breadalbane St. L8R 3G7	6	528-4960	A.S.
<u>WHITE OAKS REST HOME</u> John Martino	650 Main St. E. L8M 1J8	16	547-1970	A.S.



SECTION	SUBJECT	PAGE		
SAMPLE DOCUMENTS	SUMMARY OF FORMS	1	of	1
		YY	MM	DD
		84	06	30
SOURCE	CROSS REFERENCE			

DOCUMENTS:

Contract: Region of Hamilton-Wentworth	LH-07-01-02
Progress Notes	LH-07-01-03
Second Level Care - Referral	LH-07-01-04
Case Transfer Summary	LH-07-01-05
Parental Support Worker - Referral	LH-07-01-06
Form 14 Mental Health Act	LH-07-01-07
Resident's Attendance Register	LH-07-01-08
Lodging Home Care Billing	LH-07-01-09
Payment Requisition - Finance	LH-07-01-10
Application for Lodging Home - Subsidy Contract	LH-07-01-11
Lodging Home Information Sheet	LH-07-01-12
Unit Service Record	LH-07-01-13
Monthly Operational Reports	LH-07-01-14
Lodging Home Contract	LH-07-01-15

(c) "Operators Manual" means the policies of the Regional Municipality of Hamilton-Wentworth for the operation of lodging homes and the services to be provided to residents under the subject agreement.

(d) "Resident" means a person in need as defined by the General Welfare Assistance Act and approved for assistance by the Regional Municipality of Hamilton-Wentworth and who is residing in a lodging home in The Regional Municipality of Hamilton-Wentworth.

2. This agreement shall commence on the 1st day of January, 198 and remain in force and effect until the 31st of December, 198 unless terminated by either party in accordance with this agreement. If at the end of the term herein the agreement has been terminated by either party then the agreement shall continue in force from month to month until such time as the agreement is renewed for a further term or until the agreement is terminated by either party.
3. The Operator shall staff, equip and operate a lodging home at _____ in the City of _____ and provide services to the residents.
4. The Operator, if the lodging home is situated in the City of Hamilton, shall have a current second level lodging home licence issued by the City of Hamilton. If the lodging home is situated outside of the City of Hamilton, the Operator shall meet the standards set out in the City of Hamilton's Second Level Lodging Home By-Law.
5. The Operator shall comply with all terms and conditions of the Operator's Manual in effect from time to time, a copy of which is attached to this agreement as Schedule "A" hereto. The Region shall notify the Operator of any change to the Operator's Manual.
6. When a resident of a lodging home claims to be a person in need as defined in The General Welfare Assistance Act and the Regulations thereunder, then the Region will investigate such claims and approve or disallow the resident's application for assistance.
7. The Region will not refer residents to lodging homes.
8. The Region shall only be obligated to pay for residents approved by the Region for the services of the lodging home, on condition that the Region has also approved the lodging home and the operator.

-
9. The Region, upon 24 hours written notice to the operator may withdraw its approval of the operator, the lodging home or any resident therein. Any obligation for further payment under this agreement is terminated upon such notice being given.
 10. Where the services are provided to a resident in accordance with this agreement, the Region will pay the subsidized portion of the unit cost of the services as established in the Region's annual budget. A unit is a 24 hour period of service.
 11. The Operator shall keep records of the cost of the units provided to a resident in accordance with the requirements of the Region and/or the Province pursuant to The General Welfare Assistance Act and Regulations adopted thereunder.
 12. The Operator shall notify the Region within 24 hours of a resident being admitted to hospital, being discharged from the lodging home or being re-admitted to the lodging home.
 13. The Operator shall notify the Region immediately of any absence by a resident of 24 hours or more. Failure to notify the Region of an absence shall result in cancellation of payments for the period of absence.
 14. If proper notice is given to the Region of an absence in accordance with paragraphs 13 and 14 herein and the absence is approved by the Region, then the Region will pay to the Operator one-half of the approved current per diem rate for each day's absence up to a total of 28 days absence per 12 month period. This payment is made on condition that the Operator retains a bed for the resident during his absence.
 15. The Operator shall maintain a record for each resident in accordance with the Billing Record Procedure of the Operator's Manual.
 16. The records and accounts of the Operator for the lodging home shall be open to inspection by the Region at all times.
 17. The Operator shall submit a monthly account to the Regional Social Services Department and a monthly occupancy record on forms to be provided by the Region.

-
18. All transfers of residents to other community resident facilities will be arranged by Social Services and Health Unit Staff, except in cases of emergency.
 19. A lodging home shall house no more than 20 residents at one time exclusive of staff.
 20. Lodging home "house rules" shall be approved by the Region. Each resident shall be provided with a typed copy of the approved rules.
 21. Lodging homes shall be maintained in a clean, uncluttered and sanitary condition.
 22. Lodging home staff shall be trained in emergency evacuation procedures in accordance with local fire department regulations.
 23. At least one staff of the lodging home on duty at all times shall have nursing, nurses aid or approved first aid training.
 24. The Operator will provide special diets to residents which are medically prescribed.
 25. Laundry facilities shall be available on the lodging home premises to residents for their personal laundry.
 26. Residents shall have access to a free telephone on the premises at all times.
 27. The Region may from time to time appoint in writing the Operator as trustee for any of the residents of the lodging home. The Operator agrees to act as trustee for such residents in accordance with the provisions of The General Welfare Assistance Act. The Operator shall maintain a separate trust account in a chartered bank in which all monies of the residents received by the Operator in trust for safe-keeping shall be deposited. The Operator shall maintain detailed written records of all receipts and disbursements of trust monies in respect of each resident. A written record of trust monies shall be submitted to the Region annually. The trust records and accounts of the Operator

may be inspected by the Region at any time. Upon notice by the Region to the Operator the trust shall be terminated and the Operator shall return all monies held in trust on behalf of the residents to the Region.

28. The Operator shall maintain and keep in force the following insurance policies:

- (a) Liability insurance for bodily injury and property damage in the amount of One Million Dollars (\$1,000,000.00), including One Million Dollars (\$1,000,000.00) for each occurrence.
- (b) Liability insurance for bodily injury and property damage caused by vehicles owned or operated by the Operator in connection with the lodging home, including passenger hazard in the amount of Five Hundred Thousand Dollars (\$500,000.00) minimum for each passenger for each occurrence.

29. The Operator shall, immediately upon execution of this agreement, deposit with the Social Services Department either copies of liability insurance as required above or insurance certificates indicating compliance with this agreement. All insurance policies shall stay in force and not be amended, cancelled or allowed to lapse without 30 days' prior notice to the Region.

30. The Operator agrees to indemnify and save harmless the Region from and against all actions, claims, demands, damages, costs or expenses caused by or arising from the operation of the lodging home or the provisions of this agreement, and without restricting the generality of the foregoing, shall include the administering of medicines or drugs to and the consumption of food on the lodging home premises by residents subsidized by the Region pursuant to this agreement.

31. This agreement may not be assigned without the prior written consent of the Region which consent may be arbitrarily withheld.

32. This agreement may be terminated by either party without cause upon 30 days' written notice of termination to the other party.

33. The Region may terminate this agreement subject upon 7 days' notice if:

- (a) The Operator fails to comply with the terms of this

agreement, provisions of the Second Level Lodging Home By-law, or provisions of The General Welfare Assistance Act or its Regulations.

- (b) The Operator transfers the lodging home, or the shares of any corporation owning the lodging home.

34. All correspondence and notices under this agreement shall be mailed to the parties as set out herein.

The Regional Municipality of Hamilton-Wentworth
119 King Street West, P.O. Box 910
Hamilton, Ontario, L8N 3V9
Attention: Regional Commissioner of Social Services

35. The Region and the Operator shall notify the other party in writing of any changes of address for the purposes of notice or correspondence under this agreement.
36. This agreement and the benefits accruing therefrom and the obligations arising thereunder shall ensure to the benefit of and be binding upon the Region, the Operator and their respective successors, administrators and assigns.

IN WITNESS WHEREOF the Region and the Operator have hereunto affixed their respective corporate seals under the hands of their proper signing officers duly authorized in that behalf.

THE REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

Per: _____
Chairman

Clerk

Commissioner of Finance

LODGING HOME SERVICES

PROGRESS NOTES

RESIDENT'S NAME

LODGING HOME

DATE

REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH
DIVISION-SERVICES FOR THE ELDERLY
LODGING HOME SERVICES

LODGING HOME CARE REFERRAL

NAME OF PATIENT : _____ D.O.B. : _____ S.I.N.# : _____

O.H.I.P. # : _____ MARITAL STATUS : _____

ADMISSION DATE : _____ DISCHARGE DATE : _____

ADDRESS ON ADMISSION : _____

SOURCE OF INCOME : O.A.S. () F.B. () U.I.C. () C.P.P. ()

OTHER () ASSETS : ()

NAME OF NEXT OF KIN : _____ RELATIONSHIP : _____

ADDRESS : _____ PHONE NO : _____

REFERRED BY : _____ AGENCY NAME : _____

HOSPITAL DOCTOR : _____ COMMUNITY DOCTOR : _____

OUTPATIENT CLINIC & DOCTOR : _____

OTHER AGENCIES INVOLVED : _____

OBJECTIVES OF LODGING HOME PLACEMENT : _____

PREVIOUS PLACEMENTS & WHERE. YES NO

PLEASE COMPLETE ATTACHED FORM 4. (This is mandatory for those requesting full Regional Subsidy

PROGNOSIS RE: A) SHELTERED/COMPETITIVE EMPLOYMENT: _____

B) LENGTH OF ANTICIPATED STAY IN LODGING HOME SETTING? _____

LIST OF MEDICATION, DOSAGE & FREQUENCY ON DISCHARGE. _____

WHAT FOLLOW UP SERVICES HAVE BEEN ARRANGED: _____

CURRENT LEVEL OF FUNCTIONING: _____

NAME OF LODGING HOME REFERRED TO: _____

I _____ HEREBY CONSENT TO THE DISCLOSURE OR TRANSMITTAL OF THE
(Print full name of person)

ABOVE INFORMATION BY _____ , IN RESPECT OF _____
(Referral Agent) (Name of Patient)

SIGNATURE _____

WITNESS _____

DATED THE _____ DAY OF _____ 19 _____.

HAMILTON-WENTWORTH REGIONAL SOCIAL SERVICES

CASE TRANSFER CHECK LIST

Client Name _____

Date _____

Date of Last PCR _____

OR

Date of last FORM I _____

Date of last HOME VISIT _____

Employable ☐

Unemployable ☐

	<u>YES</u>	<u>NO</u>
O.H.I.P. Updated	_____	_____
Profit Factor Correct	_____	_____
Family Benefits Notified	_____	_____
Parental Support Notified	_____	_____
Support Service Notified	_____	_____
Blue Slip Attached	_____	_____
Client Notified of New Worker	_____	_____
Changes on Profile Completed	_____	_____
N.R.Letter Completed	_____	_____
Job Search	_____	_____
# of Job Search	_____	_____
Due Date	_____	_____

ADDITIONAL INFORMATION: (i.e. Agency involvement, eligibility review,
future important dates, other critical concerns.)

Signed _____ Transfer to District _____

REFERRAL TO PARENTAL SUPPORT WORKER

NAME & GWA CODE: _____ GWA EFF.: _____

ADDRESS: _____ PHONE #: _____

Deserted/Separated () Date: _____ Divorced () Date: _____

Unwed Mother () Referred to F.B. Yes/No Lawyer's name (if applicable) _____

Previous referral to P. S. U.? Yes/No _____

ASSISTANCE REQUESTED FOR:

() Application for Support
() Review of Private Agreement Amt: \$ _____ Paying? Yes/No
() Review of Family Court Order Amt: \$ _____ Paying? Yes/No
() Review of Supreme Court Order (Divorce) Amt: \$ _____ Paying? Yes/No

GENERAL DATA ON: Spouse () Common-Law () Putative Father ()

NAME: _____ D. O. B. _____

LAST KNOWN ADDRESS: _____ PHONE #: _____

DATE RELATIONSHIP COMMENCED _____

S. I. N. #: _____

O. H. I. P.: _____

EMPLOYMENT: Employed () Unemployed () On Assistance () Explain: _____

Is A Search Required? Yes/No Explain: _____

DEPENDENT CHILDREN:

Names of Children (including proper surnames) _____ D. O. B. _____

Date of Referral

Signature of Field Worker

D.#



I, _____
(print full name of person)

of _____
(address)

hereby consent to the disclosure or transmittal to or the examination by

(print name)

of the clinical record compiled in _____
(name of psychiatric facility)

in respect of _____
(name of patient)

See
Note 5.

(signature)

(witness)

Dated the _____ day of _____ 19 _____

Notes:

1. Consent to the disclosure, transmittal or examination of a clinical record may be given by the patient or (where the patient has not attained the age of majority or is not mentally competent) by the nearest relative of the patient. See subsection 29(3) of the Act.

2. Patient.

Clause 29(1)(b) of the Act states that "'patient' includes former patient, out-patient and former out-patient".

3. Mentally competent.

Clause 1(h) of the Act defines "mentally competent" as "having the ability to understand the subject-matter in respect of which consent is requested and able to appreciate the consequences of giving or withholding consent".

4. Nearest relative.

Clause 1(j) of the Act is as follows:

" 'nearest relative' means,

- (i) The spouse who is of any age and men-

tally competent, or

- (ii) if none or if the spouse is not available, any one of the children who has attained the age of majority and is mentally competent, or
- (iii) if none or if none is available, either of the parents who is mentally competent or the guardian, or
- (iv) if none or if neither is available, any one of the brothers or sisters who has attained the age of majority and is mentally competent, or
- (v) if none or if none is available, any other of the next of kin who has attained the age of majority and is mentally competent".

5. Signature.

Where the consent is signed by the nearest relative, the relationship to the patient must be set out below the signature of the nearest relative.

RESIDENTS REGISTER

[illegible]

LODGING HOME CARE

Lodging Home _____ Date _____

Address _____

(Number, Street, City, Province, Postal Code)

Resident

Period of Care

No. of Days

Full

Partial

Rate

Amount

Deductions

Net

Amount

1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
TOTALS								

I

LODGING HOME INFORMATION SHEET

NAME OF HOME: _____

ADDRESS: _____ TEL: _____

OWNER: _____ OPERATOR: _____

ADDRESS: _____ NO. OF STAFF: _____ F.T. _____ P.T.

[illegible]

SUPERVISION ARRANGEMENTS

(Names of persons with days & hours worked)

OTHER PERTINENT DATA:

[illegible]



THE REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

Social Services Department — Division — Services for the Elderly

Macassa Lodge
701 Upper Sherman Avenue
Hamilton, Ontario L8V 3M7
Telephone: 385-2251 575-1500

Wentworth Lodge
41 South Street
Dundas, Ontario L9H 4C4
Telephone: 628-6359

Outreach Program
Telephone: 385-6351

TO THE DIRECTOR: _____

DATE _____

DIVISION, SERVICES FOR THE ELDERLY

LODGING HOMES SECTION- MONTHLY REPORT FOR THE MONTH OF :

1) OPERATIONAL REVIEW:

2) CURRENT DEVELOPMENTS :

3) STATISTICAL REPORTING:

TOTAL HOMES: _____ TOTAL BEDS: _____

TOTAL SUBSIDIZED: _____ FULL: _____ PARTIAL: _____

TOTAL PRIVATE: _____

TOTAL EMPTY BEDS: _____



10TH ANNIVERSARY 1974-1984

SIGNATURE

HAMILTON-WENTWORTH DEPARTMENT OF SOCIAL SERVICES

-APPLICATION FOR LODGING HOME CONTRACT

1) OWNER(S) NAME.

2) ADDRESS OF LODGING HOME.

3) OWNER'S ADDRESS IF DIFFERENT.

4) WILL THE OWNER(S) BE THE OPERATOR(S) OF THIS HOME?

5) IS THE HOME LICENSED UNDER THE SECOND LEVEL LODGING HOME BY-LAW?

LICENSE NO.

DATE ISSUED

6) HOW MANY BEDS IS THE HOME LICENSED FOR?

7) HOW MANY ARE OCCUPIED AT PRESENT?

8) ARE YOU RECEIVING GOVERNMENT SUBSIDY FOR ANY OF THE RESIDENTS?

IF YES, FROM WHERE?

9) DOES THE HOME CATER TO A SPECIFIC CLIENT GROUP?

-ELDERLY

-MENTALLY RETARDED

-CHRONIC MENTALLY ILL

10) ARE THE PRESENT RESIDENTS REQUIRING MEDICATION. IF SO DO YOU
DISPENSE IT?

- 11) DOES THE HOME HAVE LAUNDRY FACILITIES?
- 12) DOES THE HOME PROVIDE ANY SOCIAL/RECREATIONAL ACTIVITIES?
IF NOT, ARE THERE FUTURE PLANS TO PROVIDE THEM?
- 13) HOW MANY PERSONS ARE THERE OR WILL THERE BE ON STAFF?
- 14) WILL THIS BE A FAMILY RUN OPERATION?
- 15) HOW MANY ROOMS ARE THERE IN THE HOUSE?
A) HOW MANY BEDROOMS?
B) HOW MANY BATHROOMS?
- 16) IS THE HOUSE ATTACHED OR DETACHED?
- 17) DOES IT HAVE A BACK YARD FOR THE RESIDENTS TO USE?
- 18) WHAT KIND OF FUEL DO YOU USE TO HEAT IT?
- 19) IS THE PROPERTY CLEAR TITLE? YES, NO?
A) IF NO, HOW MUCH IS THE PRESENT MORTGAGE(S)?
- 20) HOW MUCH ARE THE YEARLY MUNICIPAL TAXES?
- 21) IS THERE FIRE INSURANCE ON THE HOUSE AND CONTENTS?
A) ARE THE RESIDENTS BELONGINGS COVERED BY THE INSURANCE?

22) IS THE HOME LOCATED NEAR A BUS ROUTE? IF SO, WHICH ONE?

23) HAVE YOU (OWNER/OPERATOR) ANY EXPERIENCE IN OPERATING A LODGING HOME?

-WHERE & WHEN WAS THIS EXPERIENCE OBTAINED?

24) STATE YOUR FORMAL EDUCATION AND ANY OTHER RELATED QUALIFICATIONS YOU MAY HAVE.

ON A SEPERATE SHEET OF PAPER, PLEASE WRITE THE REASONS FOR WANTING TO OPERATE A LODGING HOME, AND THE SERVICE YOU SEE AS PROVIDING TO OUR DEPARTMENT AND YOUR LODGERS.

LIST THREE (3) REFERENCES WE MAY CONTACT (ONE OF THEM SHOULD BE YOUR PRESENT OR LAST EMPLOYER).

THE SOCIAL SERVICES DEPARTMENT OF THE REGION OF HAMILTON-WENTWORTH RESERVES THE RIGHT TO CONTACT THE REFERENCES LISTED BY THE APPLICANT, AND IN ACCORDANCE TO SECTION 10, SUBSECTION 2 OF THE CONSUMERS REPORTING ACT, YOUR CONSENT IS REQUIRED. THIS INFORMATION MAY OR MAY NOT AID YOU IN OBTAINING A CONTRACT.

I _____ HEREBY CONSENT TO HAVE THE SOCIAL SERVICES DEPARTMENT OF HAMILTON-WENTWORTH CONTACT THE REFERENCES GIVEN BY MYSELF AND OBTAIN A REFERENCE.

DATED _____

SIGNED _____

ACCORING™

40503

ASSORTMENT/ASSORTIMENT

GS11 $\frac{5}{8}$ R

ACCO CANADIAN COMPANY LIMITED
COMPAGNIE CANADIENNE ACCO LIMITÉE
TORONTO CANADA

